

# **Application Guidance For Competing New Proposals**

---

**INTEGRATED SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
(CFDA #93.110F)  
MATERNAL AND CHILD HEALTH IMPROVEMENT PROJECTS (MCHIP)**

---

**FISCAL YEAR 2002**

## **STATEWIDE IMPLEMENTATION OF THE MEDICAL HOME CONCEPT FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS**

**SUMMER 2001**

**Application Due Date: 11-15-2001**

**Integrated Services Branch  
Division of Services for Children with Special Health Care Needs  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
U.S. Public Health Service  
Department of Health and Human Services**

**NOTE: THIS DOCUMENT IS NOT A COMPLETE APPLICATION KIT.  
THE NECESSARY APPLICATION FORMS ARE ENCLOSED WITH THIS  
DOCUMENT AS PART OF THE APPLICATION.**

# ***TABLE OF CONTENTS***

## ***SECTION ONE: Program Background, Requirements, and Criteria.***

<b>1A:</b>	Maternal and Child Health Bureau	Page 4
<b>1B:</b>	Division of Services for Children with Special Needs	Page 5
<b>1C:</b>	Policy Requirements	Page 6
<b>1D:</b>	Standard Rating Criteria	Page 8

## ***SECTION TWO: Application and Review Process***

<b>2A:</b>	Eligibility to Apply	Page 9
<b>2B:</b>	Project Description and Application Request Procedures	Page 9
<b>2C:</b>	Application Assistance	Page 10
<b>2D:</b>	Review Process . . . . .	Page 11

## ***SECTION THREE: Instructions for Completing the Application***

<b>3A:</b>	General Comments . . . . .	Page 12
<b>3B:</b>	How to Organize the Application . . . . .	Page 12
<b>3C:</b>	Required Application Format . . . . .	Page 13
<b>3D:</b>	Style Format of Application . . . . .	Page 13

## ***SECTION FOUR: Content Requirements for Narrative Portions of the Application***

<b>4A:</b>	The Abstract: A Concise Overview Of The Proposed Project . . . .	Page 15
<b>4B:</b>	The Project Narrative . . . . .	Page 16
<b>4C:</b>	The Narrative Budget Justification . . . . .	Page 17
<b>4D:</b>	Appendices . . . . .	Page 18

## ***SECTION FIVE: List of Attachments and Their Use . . . . . Page 20***

### ***ATTACHMENTS***

Attachment A	Background and Purpose of the Initiative . . . . .	Page 21
Attachment B	Application Review Criteria . . . . .	Page 23
Attachment C	Regional Office Program Consultants . . . . .	Page 26
Attachment D	Letter of Intent . . . . .	Page 28
Attachment E	Project Abstract . . . . .	Page 29
Attachment F	Personnel Allocation Chart . . . . .	Page 31

Attachment G	Project Activities Time Allocation Chart . . . . .	Page 32
Attachment H	Biographical Sketch . . . . .	Page 34

# **SECTION ONE:**      Program Background, Requirements, and Criteria

## **1A.    Maternal And Child Health Bureau**

### **Background**

The mission of the Maternal and Child Health Bureau (MCHB) is to improve the health and well-being of all mothers and children. To achieve its mission, the Bureau places the highest priority on integrating personal health care and public and private health services to establish a community system of comprehensive services which is family-centered, culturally competent and integrated with education, social services, mental health and family support programs.

With the Omnibus Budget Reconciliation Act (OBRA) of 1989, Public Law 101-239 amended Title V of the Social Security Act to extend the authority and responsibility of MCHB to fully address the needs of all children. OBRA 89" refocuses the mission of the State Programs for Children with Special Health Care Needs (CSHCN) under the Maternal and Child Health Services Block Grant, to provide leadership in building and promoting a community-based system of services that is family-centered, comprehensive, coordinated and culturally competent. This mission is also reflected in the agenda for *Healthy People 2010* which also addresses the goal of having service systems for CSHCN. The purpose of this focus on systems development is to assure that children with special health care needs and their families have access to appropriate, adequate and timely services. The Bureau, through the Division of Services for Children with Special Health Needs (DSCSHN), continues to carry forward its mission of assuring the health of children with special health care needs and their families.

During the last decade, the MCHB developed a new definition of children with special health care needs to assist states in their systems development activities. This definition includes those children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally (American Academy of Pediatrics, 1998). To address the systemic issues impacting this broad population of children and families the implemented *Achieving and Measuring Success for Children with Special Health Care Needs by 2010*. This agenda continues to chart our nation's course toward establishing community systems of family-centered, comprehensive, coordinated care for children with special health care needs. Through this agenda the MCHB has established six core outcomes as indicators of systems of care for CSHCN. These indicators include the following:

- 1) All children with special health care needs will receive ongoing comprehensive care within a medical home;
- 2) All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need;
- 3) All children will be screened early and continuously for special health care needs;

- 4) Services for children with special health care needs and their families will be organized in ways that families can use them easily;
- 5) Families of children with special health care needs will participate in decision making at all levels and will be satisfied with the services they receive; and
- 6) All youth with special health care needs will receive the services necessary to make appropriate transitions to all aspects of adult life, including adult health care, work, and independence.

Through these programmatic efforts, the MCHB will significantly influence the way services are provided to CSHCN and their families. This initiative on Statewide Implementation of the Medical Home Concept for CSHCN addresses core outcome measure number one.

## **1B. Division Of Services For Children With Special Health Needs (DSCSHN)**

### **Background**

The Integrated Services Branch (ISB) is located in the Division of Services for Children with Special Health Needs (DSCSHN) of the Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA). This Division promotes the provision of coordinated integrated systems of care and support services for CSHCN and their families. The Integrated Services Branch of the Division has seven specific program areas that include:

- " Access to Medical Home
- " Health Insurance and Financing
- " Universal Newborn Hearing Screening and Intervention
- " Community Integrated Services
- " Family/Professional Partnerships
- " Cultural Competence
- " Healthy and Ready to Work

This guidance is for the Medical Home initiative for Fiscal Year 2002. The initiative supports grants to assure that all children with special health care needs receive ongoing comprehensive care through a medical home. The grants will develop and implement a statewide strategy for medical home implementation for CSCHN. These strategies will (1) work with primary care providers to implement the medical home concept, (2) incorporate well-defined strategies for coordination of primary care with specialty/subspecialty care, and (3) demonstrate care coordination models that link the medical home to the community based system of services. The projects will serve as mentors within the State and nationally to operationalize the medical home concept. Projects will coordinate with the Title V needs assessment activities related to medical home, and project outcomes, reporting, and evaluation will be incorporated into ongoing activities of the State Title V Block Grant. See **Attachment A** to this guidance for further description of the medical home program.

## **Notice of Intent to Apply**

If, after reviewing the program guidance and related materials in the application kit, you intend to submit an application, please see **Attachment D** on how to transmit this intent to MCHB and the date by which such indication should be made.

## **1C: Policy Requirements**

### **Healthy People 2010**

All grants under MCHB's programs further the agenda for *Healthy People 2010*, a PHS- led national activity for setting priority areas for all funded programs. This initiative is related to Healthy People 2000 Objective 17.20 and Healthy People 2010 Objective: Increase to 50 the number of states that have service systems for children with or at risk of chronic and disabling conditions, as required by Public Law 101-239. Copies of the *Healthy People 2010* documents can be obtained through the Superintendent of Documents, Government Printing Office, Washington D.C. 20402-9325 (Telephone: (202) 512-1800).

### **Pro-Children Act of 1994**

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-277, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, child care, health care or early childhood development services are provided to children.

### **Electronic Access**

Application guidance for MCHB programs are available on the MCHB Homepage via World Wide Web at: <http://www.mchb.hrsa.gov/> . Click on the file format you desire either Wordperfect 6.1 and Adobe Acrobat (The Adobe Acrobat Reader also is available for download on the MCHB Homepage). If you have difficulty accessing the MCHB Homepage via the World Wide Web, and need technical assistance, please contact Ms. Joni Johns at (301) 443-2088 or on E-mail at [jjohns@hrsa.gov](mailto:jjohns@hrsa.gov)

### **Special Concerns**

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. In order to assure access and cultural competence, it is expected that projects will involve individuals from the populations to be served in the planning and implementation of the project. The Bureau's intent is to ensure that project interventions are responsible to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the

broadest possible representation of culturally distinct and historically under represented groups is supported through programs and projects sponsored by the MCHB. This same special emphasis applies to improving service delivery to children with special health care needs.

### **Evaluation Protocol**

A maternal and child health discretionary grant project, including any project awarded as part of Medical Home Development program, is expected to incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's stated goals. The protocol should be based on a clear rationale relating the grant activities, the project goals, and evaluation measures. Wherever possible, the measurements of progress toward goals should focus on health outcome indicators, rather than on intermediate measures such as process or outputs. A project lacking a complete and well-conceived evaluation protocol as part of the planned activities may not be funded.

### **Public Health System Reporting Requirements**

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the community based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local officials to keep them informed about proposed health services grant applications submitted by community based nongovernmental organizations within their jurisdictions.

Community based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- 1) A copy of the face page of the application (SF 424)
- 2) A summary of the project (PHSIS), not to exceed one page, which provides:
  - A) A description of the population to be served
  - B) A summary of the services to be provided.
  - C) A description of the coordination planned with the appropriate State and local health agencies.

**NOTE:** The **Project Abstract** may be used in lieu of the one-page PHSIS if the applicant is required to submit a PHSIS.

## 1D. Standard Rating Criteria

The following criteria are used to review and evaluate all grants and cooperative agreements under this grant announcement. Each of these criteria has been further defined specifically for this grant competition. The criteria and their application to the Statewide Implementation of Medical Home competition can be found at **Attachment B**.

The Standard Rating Criteria are:

1. The extent to which the project will contribute to the advancement of Maternal and Child Health and/or improvement to the health of children with special health care needs.
2. The extent to which the project is responsible to policy concerns applicable to MCH/CSHCN grants and to program objectives, requirements, priorities and/or review criteria (as expanded and defined) and as published in program announcements or guidance materials.
3. The extent to which the estimated cost to the government of the project is reasonable, considering the anticipated results.
4. The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel.
5. The extent to which, insofar as practicable, the proposed activities, if well executed, are capable of attaining project objectives.
6. The strength of the project's plans for evaluation.
7. The extent to which the project will be integrated with the administration of the Maternal and Child Health Services block grants, State primary care plans, public health and prevention programs, and other related programs in the respective State(s).
8. The extent to which the application is responsible to the special concerns and program priorities specified in the notice.



## ***SECTION TWO:*** Application and Review Process

### **2A: Eligibility To Apply**

This competition is open to State Title V agencies in partnership with other public and/or private health agencies and organizations that have the capacity to develop and implement a statewide strategy for assuring that all CSHCN have access to ongoing comprehensive health care through a medical home.

### **2B: Project Description And Application Request Procedures**

Project periods for these grants will be for three years, starting March 31, 2002. Approximately \$800,000 will be available for up to six grants in this category in Fiscal Year 2002.

The application deadline date is November 15, 2001. Applications shall be considered as meeting the deadline if they are: (1) received on or before the deadline date; or (2) are postmarked on or before the deadline date and received in time for orderly processing and submission to the review committee. (Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service postmark. Private metered postmarks shall not be acceptable as proof of timely mailing.) Late applications will be returned to the applicant.

#### **Mailing Address**

All applications should be mailed or delivered to:

HRSA Grants Application Center  
Grants Management Officer, MCHB  
CFDA #93.110F  
1815 N. Fort Myer Drive  
Suite 300  
Arlington, Virginia 22209  
Telephone: 1-877-477-2123

**Grant applications sent to any address other than the above are subject to being returned.**

#### **Requesting An Application**

The HRSA Grant Preview, the application guidance, and application forms (Revised PHS Form 5161-1) are available on the World Wide Web via the Internet at: **<http://www.mchb.hrsa.gov/>**

Click on the file format you want to download to your computer. It will be saved as either an

Adobe Acrobat or WordPerfect 6.1 file. To decompress the file once it is downloaded, type in the file name followed by a <return>. The file will expand to a WordPerfect 6.1 file. If you have difficulty accessing the MCHB Home Page via the Internet and need technical assistance, please contact Ms. Joni Johns at (301) 443-2088 or [jjohns@hrsa.gov](mailto:jjohns@hrsa.gov).

The Federal Register Notices are found at:  
**[http://www.access.gpo.gov/su\\_docs/aces/aces140.html](http://www.access.gpo.gov/su_docs/aces/aces140.html)**.

Completed applications are mailed to the address listed on the previous page. The HRSA Grants Application Center will send out confirmation of the receipt of the application.

## **2C: Application Assistance**

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to the awarding of grants under this program by contacting:

Susan Flickinger  
Program Analyst  
Maternal and Child Health Bureau, HRSA  
Parklawn Building, Room 18-12  
5600 Fishers Lane  
Rockville, Maryland 20857  
Telephone: (301) 443-3445  
FAX: (301) 443-6686 E-mail: [sflickinger@hrsa.gov](mailto:sflickinger@hrsa.gov)

Applicants may obtain additional information relating to technical and program issues concerning this application from Program Officers in the Division of Services for Children with Special Health Care Needs (DSCSHN) by contacting:

Tom Castonguay  
Program Analyst  
Parklawn Building, Room 18A-18  
5600 Fishers Lane  
Rockville, Maryland 20857  
Telephone: (301) 443-9290  
FAX: (301) 443-0832 E-Mail: [tcastonguay@hrsa.gov](mailto:tcastonguay@hrsa.gov)

Applicants applying for a grant from the Maternal and Child Health Bureau, especially for the first time, are encouraged to request assistance in the development of their application. Additional assistance can be obtained from the Regional Field Offices (See **Attachment C** )

## **2D: Review Process**

Grant applications will be reviewed by an Objective Review Committee (ORC), composed of Federal and non-Federal persons knowledgeable about assuring access to inclusive health care through a medical home, and the planning, development and implementation of systems of care for children with special health care needs. These reviewers are familiar with the related policy and program issues involved in the administration and management of such statewide service systems.

All applications under this announcement will reviewed by the ORC using the listed criteria for this program (See **Attachment B** ) and its recommendations forwarded to the Bureau.

## ***SECTION THREE:*** Instructions for Completing the Application

### **3A: General Comments**

Reviewers will use only the information presented in the application to evaluate the grant application. It is essential that the application be responsive to the Criteria for Review (**Attachment B**) and be complete and easy to understand. A clearly written and easy to read grant proposal should be the goal of every applicant since the outcome of the review process depends on information provided in the application narrative.

Therefore, MCHB urges all applicants to review the application for the following:

Correct grammar, spelling, punctuation and word usage.

Consistency in Style. Refer to a good style manual such as *The Elements of Style* by Professors William Strunk, Jr. and E.B. White, *Words into Type, the Chicago Manual of Style*, or the Government Printing Office's *A Manual of Style*.

Consistency of reference (e.g., in this guidance the Maternal and Child Health Bureau is called the Maternal and Child Health Bureau or MCHB.)

### **3B: How To Organize The Application**

Order of materials to be submitted (UNBOUND and fastened with a sturdy clip in upper left corner):

- " SF-424 Application for Federal Assistance (Cover Page):
- " Table of Contents for entire application with page numbers indicated
- " SF-424A Budget Information for Non-Construction Programs
- " SF-424B, Federal Assurances and Certifications
- " Project Abstract (see Attachment E ) also submitted on diskette.
- " Project Narrative
- " Narrative Budget Justification
- " Allocation Forms, Attachments F and G
- " Checklist included with PHS 5161-1 (Page 25)
- " Lobbying Statement
- " Appendices (may include Attachment "H" bio formats)

**Copies:** Applicants are required to submit one ink-signed original of the complete application and two copies. Additionally, applicants are required to submit a diskette of the abstract only.

### 3C: Required Application Format

Required Parts of the Application (other than indicated Federal forms):

1. **Table of Contents**
2. **Abstract** - The Project Abstract may not exceed 2 pages. Only single-spaced, one sided pages are acceptable (See **Attachment E** )
3. **Project Narrative** - The Project Narrative may not exceed 35 pages, doubled-spaced and one-sided only. This page limit does not include the Project Abstract (above) the Budget Justification or Appendices.
4. **Narrative Budget Justification** - See Section 4C of this guidance for information on completing this section.
5. **Appendices** - Appendices must not exceed 50 one-sided pages. Spacing will vary according to the nature of the appendix and it will include all supporting documentation such as; (1) Curricula vitae; (2) job descriptions; (3) letters of agreement and support; (4) evaluation tools; and (5) protocols. Individual job descriptions and curricula vitae must not exceed two pages each.

### 3D: Style Format Of Application

1. **Typeface:** Use any easily readable (serifed) typeface such as Times New Roman, Courier, or New Century Schoolbook.
2. **Type Size:** Use at least 10 point, 12 point is preferable. Type density must be no more than 15 characters per inch. No more than six lines of type must be in a vertical inch of a page. Figures, charts, legends, footnotes, etc., may be smaller or more dense than required above, but must be readily legible.
3. **Page Numbers:** Beginning with the Table of Contents, consecutive Arabic numerals (beginning with 1) should appear centered at the bottom of each page, including pages that are in tabular or chart form. This pagination continues through all parts of the application ending with the last page of the appendices. Required Federal forms should also be paginated as part of the application, they will not count against page limitations.
4. **Margins:** The initial left and all right margins should be 1 inch. The left margin may change when using indentation for subheadings. Top and bottom margins should be 1-1/2 inches each throughout the document.

5. **Titles:** All major divisions of the application should begin with all capitals, in bold, and be centered, i.e., **Project Abstract, Project Narrative, Appendices, Tables, Etc.**
6. **Subheadings:** Should begin at left, underlined, with further division then indented and identified by alternating, in consecutive order, arabic numbers and letters.

## ***SECTION FOUR:* CONTENT REQUIREMENTS FOR NARRATIVE PORTIONS OF APPLICATION**

### **4A: The Abstract: A Concise Overview Of The Proposed Project**

This document is a 2 page description of the proposed project utilizing the following outline and providing the information requested in **Attachment E** (Identifying Information). Applicant must include a 3-1/2" floppy diskette of the Abstract *only* with the other hard copy application requirements. The **Abstract** must describe the:

1. **Organizational Setting** - identify the organizational name, project name, project director and provide a brief description of the entity responsible for the project.
2. **Purpose** - Describe the primary purpose of the project, explaining what the overall project proposes to do.
3. **Challenges** - Describe the issues that the project is designed to address and how they relate to the priorities of this announcement.
4. **Goals and Objectives** - State the major goals and objectives for the entire project.
5. **Methodology** - Briefly explain the project plan for achieving the goals and objectives.
6. **Evaluation** - Describe the techniques being used to track project activities and to measure the achievement of project goals and objectives.
7. **Text of Annotation** - Prepare a three to five sentence description of your project that identifies the purpose and challenges addressed, the goals and objectives of the project, the activities to attain these goals, and the materials to be developed.
8. **Key Words** - Key words are the terms under which your project will be listed in the subject index of the MCHB Abstract of Active Projects (see below). Select the most significant terms that describe your project, including the population served.

The Abstract will be published in the Maternal and Child Health Bureau's (MCHB) annual publication entitled *Abstract of Active Projects*. This publication, which includes summaries of all MCHB funded projects, is updated annually and is an important mechanism for dissemination of information about MCHB funded projects. It is widely distributed to MCHB grantees, Title V programs, academic institutions, and governmental agencies.

## 4B: The Project Narrative: Stating The Proposal

The following outline should be adhered to as a guide for the development of the proposal Narrative. This instruction supercedes the standard narrative guidance on pages 19-21 of the PHS 5161-1.

The narrative must describe the following:

1. **The Purpose of the Project** - in no more than two pages, briefly describe the overall purpose of the proposed project. The applicant should: (1) describe the challenges with supporting evidence that clearly reflects the magnitude of the task; (2) provide rationale and evidence supporting the proposed intervention/demonstration; (3) describe the anticipated benefit in terms of the published program priorities described in **Attachment A**.
2. **Organizational Experience and Capacity** - Demonstrate evidence of organization experience and capability to coordinate and support planning, implementation and evaluation of a comprehensive approach that will meet the objectives of this initiative
3. **Administrative Structure** - Describe the administrative structure within which the project will function, including partnerships with other community, State, regional or national entities, institutions or agencies relevant to the program. Charts outlining these relationships may be included. Copies of any formal agreements defining these relationship should be included in the Appendices.
4. **Available Resources** - Include a brief description of the available resources (staff, funds, equipment, facilities, etc.) to carry out the project. Additionally, briefly describe the existing services and support available at the community, State, regional and/or national levels to support your project.
5. **Identification of the Target Population:-** Describe the target population for proposed activities. Describe your current understanding of the needs and special challenges in assuring that children with special health care needs have adequate public/or private health insurance to pay for the services they need.
6. **Needs Assessment** - Describe prior and proposed activities and existing data that: determine the need for the proposed activities; determine unmet needs, special challenges to be overcome; and identify current successful strategies to meet these identified needs, including identifying and using current existing community, State, regional and national resources, whether fiscal, programmatic or formal/informal leadership, to implement the project.
7. **Collaboration and Coordination** - Describe the proposed project s planned



methods of collaboration and coordination with other relevant agencies, Title V agencies, SPRANS grantees, key public and private providers (Medicaid, State AAP Chapter, Early Intervention), family members, consumer groups, insurers, managed care organizations, employers and other partnerships relevant to the proposed project.

8. **Goals and Objectives** - Identify project goals and objectives which are responsive to the priorities of this announcement and the needs of children with special health care needs. Objectives should be specific, time-oriented, measurable, and respond to the identified challenges facing the proposed project. Describe the activities used to achieve each goal and objective, including the specific outcomes expected to result and how they will be measured.
9. **Required Resources** - Briefly describe the resources requested in the application, above those currently existing, and why they are necessary. Applicant must indicate that funds will be used only for activities described in the application and that required fiscal and accounting procedures will be followed.
10. **Project Methodology** Describe the methodology by which the project will be carried out. Include a description of the overall model for addressing goals, objectives, coordination of activities, etc. If the applicant is not the State Title V CSHCN program, describe mechanisms to insure that program s involvement in the project planning, implementation, and evaluation activities. Place the Personnel Allocation Chart (**Attachment F** ) and the Project Activities Time Allocation Table (**Attachment G** ) in the Methodology section of the Narrative.
11. **Evaluation Plan** - Describe the plan to (1) evaluate the impact of the project, and (2) the plan to monitor and evaluate the efficiency and effectiveness of the proposed project activities. Evaluation methodology should be specific and related to the stated goals and objectives, and priorities of the project.

MCHB discretionary grants are required to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project s stated goals. The measurement of progress should focus on systems, health and performance indicators, rather than on intermediate process measures. A project lacking a complete and well-conceived evaluation protocol as part of the planned activities will not be funded.

#### **4C: The Narrative Budget Justification**

This application requires a separate narrative budget justification for each dollar amount listed in Section B, line items a - j, of the 424A grant application form. This narrative does not count against the page limits of the overall application, but should briefly describe and justify the listed project costs. Each category must be described and related to the stated project activities of the

project narrative. For example, under **Personnel** , all individuals being compensated for salary and/or fringe under Federal project dollars must be listed and their title and role briefly described, as demonstrated in the project overall narrative. Yearly salaries and fringe should be indicated, with the percentage being funded under this project clearly indicated. Under the category

**Travel** , costs should be broken down by participant, hotel costs, plane fares, etc. Applicant should include Travel costs for one or two individuals under this category for technical assistance and/or a national meeting in Washington, DC. If the applicant listed items under the other category, they should not be items more properly listed in an already existing category, e.g. Other Travel would be in Travel.

As part of our efforts to streamline the grant process, a separate budget is required for each budget year requested. For example, if the applicant organization requests four years of grant support, four budget pages and justifications are required. Proposals submitted without a budget and justification for each budget year requested may not be favorably considered for funding. This provides the information needed for the next year's Summary Progress Report.

Since there is no Federal matching requirement for this program, all items listed in the budget categories should be those for which Federal funding is requested. In-kind and other support for the project should be listed elsewhere in the application.

### **Indirect Costs**

If indirect costs are requested, the applicant must submit a copy of the latest negotiated rate agreement. The indirect cost rate refers to the Other Sponsored Programs/Activities rate and not the research rate.

## **4D: Appendices**

Appendices should be brief and supplemental in nature, and are not intended to be a continuation of the project narrative. Items usually listed in the appendices, include the following:

- " **Rosters of Boards or Executives Committee Members** Including identification of consumers or consumer representatives.
- " **Copies of Written Cooperative Agreements** - Descriptions of relationships between the proposed project and affiliated departments, institutions, agencies, or individual providers, family members or consumer advocacy groups, underlying and describing the responsibilities of each participant. Examples of such documentation include: letters of support, understanding, and memoranda of agreement.
- " **Job Descriptions** - Descriptions of responsibilities for all professional and technical positions for which grant support is requested and any positions of significance to the program that will be supported by other sources. At a minimum list the following for each position:

- A) Supervisory and administrative responsibilities of the position and to whom they are directed.
- B) Functional duties, responsibilities, and overall relationship of the position within the organizational structure of the project.
- C) Minimum qualifications for the position: education, training, and experience needed to perform project tasks.

NOTE: Job Descriptions must not exceed 2 pages in length.

- " **Curriculum Vitae** - Include vitae for each incumbent in a position for which a job description is submitted. Each curriculum vitae must not exceed 2 pages in length. A Biographical Sketch included in **Attachment H** may be used for this purpose.

## ***SECTION FIVE:* ATTACHMENTS TO THIS GUIDANCE AND THEIR USE**

### **INSTRUCTIONAL ATTACHMENTS:**

- Attachment A-** Lists the program background and the specific goals and purposes of this program announcement.
- Attachment B-** Lists the expanded definitions for all of the review criteria, against which all applications under this announcement will be judged.
- Attachment C-** Lists the MCHB Regional Office Program Consultants and Contacts

### **ATTACHMENT TO BE SUBMITTED IN ADVANCE OF THE APPLICATION:**

- Attachment D-** **Letter of Intent** (intent to submit an application can be transmitted to MCHB in one of three ways listed in this attachment)

### **ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:**

- Attachment E-** Required **Abstract Project Identification Information** (precedes narrative portion of the ABSTRACT)
- Attachment F-** **Personnel Allocation Chart** (Self- explanatory, lists working days by personnel on each listed project objective)
- Attachment G-** **Project Activities Time Allocation Chart** (lists time frames and evaluation methods for each project objective)
- Attachment H-** Sample **Biographical Sketch** Format (2 pages)

### Medical Home for CSHCN: Program Background:

A major goal of the MCHB Division of Services for Children with Special Health Care Needs (DSCSHN) is to assure that all children with special health care needs receive appropriate health care through a medical home. An estimated 11.2% of 1.1 million children with special health care needs nationwide are uninsured, and many more are under-insured. In addition, 5.6% of children with special health care needs nationwide are without a usual place to go when sick or needing advice about health care. A significantly larger number of children with special health care needs receive health care that is often difficult to access, and inadequate to address the complex needs of this population of children and families. This is because:

The DSCSHN medical home program was initiated in 1997 as one of six outcomes to guide the development of comprehensive, coordinated, family-centered systems of care for children with special health care needs and their families. The purpose of the program is to (1) improve access to appropriate sources of routine health care that are coordinated with specialty care and related services (2) develop state and national models for providing access to care through a medical home for all children with special health care needs and their families (3) develop support systems for primary care providers serving children with special healthcare needs, (4) develop improved strategies for coordinating health and medical services with the multiple array of community services required by children with special health care needs, and (5) establish partnerships with families in the planning, development, and oversight of the medical home.

The medical home is now included as a Healthy People 2010 National Health Promotion and Disease Prevention Objective for the nation, and is part of the MCHB Strategic Plan for all children. Each State Title V Maternal and Child Health Program reports annually on the extent to which children with special health care needs have access to a medical home. In addition, a national training program has been developed and implemented in several States by the American Academy of Pediatrics, and a National Medical Home Mentorship Network has been established to provide technical assistance at the state and national level. The need for including the medical home concept in pediatric education is addressed by the Futures of Pediatric Education (FOPE) II. The FOPE II Task Force recommends that all children receive primary care services through a consistent medical home (American Academy of Pediatrics, 2000). With these and other resources the DSCHSN intends to insure that all children with special health care needs have access to a medical home by the year 2010.

## Purpose and Goal of the Current Initiative

The current initiative will continue to support the statewide implementation of the medical home concept for all children with special health care needs. Grants funded in this cycle will develop and implement a statewide strategy for medical home implementation for CSCHN. These strategies will (1) work with primary care providers to implement the medical home concept, (2) incorporate well-defined strategies for coordination of primary care with specialty/subspecialty care, and (3) demonstrate care coordination models that link the medical home to the community based system of services. The projects will serve as mentors within the State and nationally to operationalize the medical home concept. Projects will coordinate with the Title V needs assessment activities related to medical home, and project outcomes, reporting, and evaluation will be incorporated into ongoing activities of the State Title V Block Grant.

### APPLICATION REVIEW CRITERIA

All proposals for Statewide Implementation of the Medical Home Concept for CSHCN will be reviewed by the Standard Rating Criteria listed in Section 1D of this guidance. Those criteria have been further refined below for the purpose of this initiative.

**1. The extent to which the project will contribute to the advancement of Maternal and Child Health and/or improvement to the health of children with special health care needs.**

Each application will be reviewed on the extent to which the proposal (a) describes the current status of medical home implementation in the state for children with special health care needs (b) identifies any previous or existing activities related to medical home implementation and the outcome/impact of those activities (c) describes the anticipated improvements to the health of children with special health care needs as a result of the project (d) describes how the project, if successful, will be sustained beyond the grant.

**2. The extent to which the project is responsible to policy concerns applicable to MCH/CSHCN grants and to program objectives, requirements, priorities, and/or review criteria for specific project categories, as published in program announcements or guidance materials.**

Each application will be reviewed on the extent to which the proposal (a) reflects a clear understanding of the medical home concept as defined by the American Academy of Pediatrics (1992), (b) defines a clearly articulated statewide strategy for medical home implementation, (c) works with primary care providers to implement the medical home concept statewide, (d) incorporates a well-defined strategy for coordination of primary care with specialty/subspecialty care, and (e) includes coordination strategies that link the medical home to other community services, and (f) describes how the project will provide mentorship role within the state and nationally to implement the medical home concept.

**3. The extent to which the estimated cost of the government of the project is reasonable, considering the anticipated results.**

Each application will be reviewed on the extent to which the proposal (a) presents a clear, complete, and reasonable budget to address the scope and planned impact of the project (b) provides an adequate budget narrative detailing the items listed in the budget and addressed in the project workplan, (c) adheres to the budget guidelines defined in the application materials (d) identifies in-kind resources provided through the Title V Block

Grant and/or other programs or projects and describes how these resources will be leveraged to accomplish the goals of the project.

**4. The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel.**

Each application will be reviewed on the extent to which the proposal (a) describes the experience, titles, and appropriateness of the listed personnel to perform project activities (b) clearly indicates where personnel listed in the application are utilized in the workplan and their specific tasks, (c) indicates, where applicable, the name of contracting entities and the entity's credentials for performing the designated tasks, (d) includes position descriptions for all primary personnel listed for the project which highlight experience relevant to this project, and (e) documents the organization's qualifications for completing the proposed project, including facilities and needed resources necessary to the project but not being requested in the application.

**5. The extent to which, insofar as practicable, the proposed activities, if well-executed, are capable of attaining project objectives.**

Each application will be reviewed on the extent to which the proposal (a) includes a clear, practical and viable workplan including timeframes and proposed outcomes, (b) clearly links project activities to the project objectives and outcomes (c) details the mechanism by which statewide implementation of the medical home will occur, and (d) defines the population of children with special health care needs according to the MCHB definition as those children and youth who have or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type and or amount beyond that required by children generally (American Academy of Pediatrics, 1998).

**6. The strength of the project's plan for evaluation.**

Each application will be reviewed on the extent to which the proposal (a) articulates a well-conceived evaluation plan that measures all goals, objectives, and planned outcomes of the project (b) includes outcome-based measurements which determine the extent to which children with special health care needs have access to a medical home in the state, (c) links all goals and objectives to the outcome of statewide access to medical home for children with special health care needs (d) describes the extent to which project resources will be dedicated to ongoing and summative evaluation of the project.

**7. The extent to which the project will be integrated with the administration of the Maternal and Child Health Services Block Grant, State primary care plans, public health, and prevention programs, and other related programs in the State.**

Each application will be reviewed on the extent to which the proposal (a) describes how



the project will be coordinated and integrated with the ongoing Title V needs assessment activities related to medical home (b) describes how project outcomes, reporting, and evaluation will be incorporated into the ongoing activities of the State Title V Block Grant and other state programs, (c) identifies and describes how the project will be coordinated and integrated with other key programs in the state.

**8. The extent to which the application is responsive to the special concerns and program priorities specified in the notice.**

Each application will be reviewed on the extent to which the proposal addresses the policy requirements and special concerns listed in Section 1C of this guidance.

**REGIONAL OFFICE PROGRAM CONSULTANTS  
MATERNAL AND CHILD HEALTH BUREAU**

**Region I (CT, ME, MA, NH, RI, VT)**

Barbara Tausey, M.D., M.H.A.  
Room 1826  
John F. Kennedy Federal Building  
Boston, MA 02203  
(617) 565-1433  
(617) 565-3044 ( FAX)  
BTAUSEY@HRSA.DHHS.GOV

**Region II (NJ, NY, PR, VI)**

Shirley Smith, R.N., M.S.  
26 Federal Plaza  
Federal Building, Room 3835  
New York, N.Y. 10278  
(212) 264-2571  
(212) 264-2673 ( FAX)  
MLEE@HRSA.DHHS.GOV

**Region III (DE, DC, MD, PA, VA, WV)**

Victor Alos D.M.D., M.P.H.  
Health Resources, Northeast Cluster  
Public Ledger Building  
150 S. Independence Mall West  
Suite 1172  
Philadelphia, PA 19106-3499  
(215) 861-4379  
(215) 861-4385 ( FAX)  
VALOS@HRSA.DHHS.GOV

**Region IV (AL, FL, GA, KY, MS,  
NC, SC, TN)**

Ketty Gonzalez, M.D., M.P.H.  
HRSA Field Coordinator, Southeast Cluster  
Atlanta Federal Center  
61 Forsyth Street, S.W., Suite 3M60  
Atlanta, GA 30303-8909  
(404) 562-7980  
(404) 562-7974 ( FAX)  
KGONZALEZ@HRSA.DHHS.GOV

**Region VI (AR, LA, NM, OK, TX)**

Thomas Wells, M.D. M.P.H.  
1301 Young Street  
10 Floor, HRSA-4  
Dallas, TX 75202  
(214) 767-3003  
(214) 767-3038 (FAX)  
TWELLS@HRSA.DHHS.GOV

**Region VII (IA, KS, MO, NE)**

Bradley Appelbaum, M.D., M.P.H.  
Federal Building, Room 501  
601 E.12th Street  
Kansas City, MO 64106-2808  
(816) 426-5292  
(816) 426-3633 (FAX)  
BAPPELBAUM@HRSA.DHHS.GOV

**Region VIII (CO, MT, ND, SD, UT, WY)**

Joyce DeVaney, R.N., M.P.H.  
Federal Office Building, Room 1189  
1961 Stout Street  
Denver, CO 80294  
(303) 844-3204 ext.217  
(303) 844-0002 (FAX)  
JDEVANEY@HRSA.DHHS.GOV

**Region IX (AZ, CA, HI, NV, AS, FM,  
GU, MH, MP, PW)**

Reginald Louie, D.D.S., M.P.H.  
Federal Office Building, Room 317  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 437-8101  
(415) 437-8105 (FAX)  
RLOUIE@HRSA.DHHS.GOV

**Region V (IL, IN, MI, MN, OH, WI)**

Dorretta Evans Parker, M.S.W.(Acting)  
233 North Michigan Ave., Suite 200  
Chicago, IL 60601-5519  
(312) 353-4042  
(312) 886-3770 (FAX)  
DPARKER@HRSA.DHHS.GOV

**Region X (AK, ID, OR, WA)**

Margaret West, Ph.D., M.S.W.  
Mail Stop RX-27  
2201 Sixth Ave., Room 700  
Seattle, WA 98121  
(206) 615-2518  
(206) 615-2500 (FAX)  
MWEST@HRSA.DHHS.GOV

**LETTER OF INTENT**

---

Maternal and Child Health Bureau

**DATE:**

**SUBJECT:** Intent to Apply for CDFA 93.110F- Statewide Implementation of the Medical Home

Thank you for your interest in the above-referenced grant program. If you intend to submit an application for the competition, please notify the Maternal and Child Health Bureau (MCHB), Division of Services for Children with Special Health Care Needs by October 15, 2001. You may notify your intent to apply in three ways:

Telephone: Tom Castonguay  
(301) 443-9290

Electronic: Tcastonguay@hrsa.gov

Mail: Maternal and Child Health Bureau  
Division of Services for Children  
with Special Health Needs  
Integrated Services Branch  
5600 Fishers Lane, Room 18A-18  
Rockville, Maryland 20857

We appreciate your attention to this notice and thank you for your support.

Sincerely,

Bonnie Strickland, Ph.D.  
Chief, Integrated Services Branch

**MATERNAL AND CHILD HEALTH IMPROVEMENT PROJECTS ABSTRACT**

**Project Title:**

**Project Number:**

**Project Director:**

**Phone (    )**

**Organization Name:**

**Address:**

**Contact Person:**

**Phone (    )**

**Fax (    )**

**E-mail/World Wide Web Address:**

**Project Period:    3    Years**

**From:            to**

**ABSTRACT**

**Attachment E**  
**(Page 2 of 2)**

**MCHIP Abstract (con't)**

## Personnel Allocation Chart

**Project:**

OBJECTIVES, GOALS	Staff by Title		Consultants		
	<b>P.DIRECTOR</b>				
	No. of Work days	No. of Work days	No. of Work days	No. of Work days	No. of Work days
Project Activity:					
Project Activity:					
Project Activity:					
Project Activity:					
Project Activity:					
Project Activity:					
Project Activity:					
Project Activity:					

### Project Activities Time Allocation Table

**Project Title:**

**Project Director:**

Budget Period: 3/31/02 - 3/30/03

<b>OBJECTIVES, GOALS</b>	<b>START DATE</b>	<b>COMPLETION DATE</b>	<b>MONITORING AND EVALUATION METHODOLOGY</b>
Project Activity:			
Project Activity:			
Project Activity:			
Project Activity:			
Project Activity:			
Project Activity:			



--	--	--	--

## Biographical Sketch

Give the following information for all professional personnel contributing to the project beginning with the Project Director.  
(DO NOT EXCEED 2 PAGES ON ANY INDIVIDUAL)

Name (Last, first, middle initial)	Title	Birth Date (Mo. Day Yr.)
Education (begin with baccalaureate or other initial professional education and include postdoctoral training)		
Institution and Location	Degree	Year Completed
HONORS		
MAJOR PROFESSIONAL INTEREST(S)		
RESEARCH AND PROFESSIONAL EXPERIENCE List in reverse chronological order previous employment and experience. List in reverse chronological order most representative publications.)		

Continuation Page for  
Biographical Sketch

Name (Last, first, middle initial)	Social Security Number
------------------------------------	------------------------